

**RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986**

**Block 1 - Contact Information**

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	290557
2	Carrier Study Area Name	alpha characters	CENTURY-CLAIBORNE
3	Service Provider Identification Number	9 numeric digits	143001626
4	Residential Local Service Charge Effective Date	mm/dd/yyyy	12/1/2014
5	Contact Name	alpha characters	Kenneth W. Buchan
6	Contact Telephone Number (include area code)	9 numeric digits	(318) 362-1538
7	Sheet number	numeric digit(s)	1
8	Total Number of Sheets	numeric digit(s)	1

**Block 2 - Residential Local Service Rates, Fees, and Line Counts**

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9	\$ 17.90	NA	NA	NA	
10	\$ 17.90	NA	NA	NA	
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12					
13					
14					
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**REDACTED -- FOR PUBLIC INSPECTION**

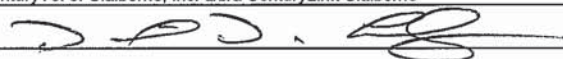
TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

**Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier CenturyTel of Claiborne, Inc. d/b/a CenturyLink Claiborne

Signature of authorized officer



Date

12/17/14

Printed name of authorized officer David D. Cole

Title or position of authorized officer Executive Vice President of Operations Support and Controller

Telephone number of authorized officer: ( 318 ) 388 -9000, ext.

Study Area Code of Reporting Carrier

290557

Filing Due Date for this form  
(mm/dd/yyyy)

1/2/2015

**REDACTED -- FOR PUBLIC INSPECTION**